

DHS/Mental Retardation/Developmental Disabilities Administration

Transmittal Letter No.

Location:

Distribution:

SUBJECT: MRDDA Incident Management System

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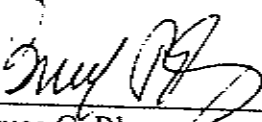
The attached policy issuance set forth the guidelines and procedures for identifying, reporting, and investigating serious reportable and reportable incidents involving DHS/MRDDA customers. This policy is intended for use by employees of the Department of Human Services/Mental Retardation and Developmental Disabilities Administration and all staff, subcontractors, consultants, interns and volunteers associated with its network of caregiving and service organizations. Sections of this policy will also apply to the DHS/Adult Protective Services and the DHS/Office of Investigations and Compliance, as well as to the DC Department of Health, Health Regulations Administration and Medicaid Assistance Administration.

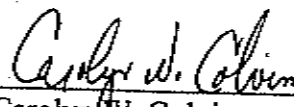
This policy aims to ensure that DHS/MRDDA and its provider agencies provide safe and caring living, work, learning and social environments to individuals with mental retardation or other developmental disabilities.

This policy supercedes the Incident Management Policy, signed September 28, 2000, and the Interim Incident Management Procedural Guidelines, signed July 3, 2001.

Revisions:

Amendments:

 9/20/01
Bruce C. Blaney Date
DHS/MRDDA Administrator

 10/5/01
Carolyn W. Colvin Date
DHS Director

DHS/Mental Retardation/Developmental Disabilities Administration

POLICY AND PROCEDURE

Transmittal Letter No.

Supersedes:

Manual Location

SUBJECT: INCIDENT MANAGEMENT SYSTEM

CHAPTER:

NUMBER:

I. PURPOSE

The purpose of this policy is to establish the guidelines, protocols, and procedures for the Incident Management System under the Department of Human Services, Mental Retardation and Developmental Disabilities Administration (DHS/MRDDA). The Incident Management System is designed to protect customers from harm and enhance the quality of services provided to them. It is intended to ensure the implementation of preventive and corrective measures to minimize the occurrence of incidents that harm or potentially may harm customers of DHS/MRDDA.

II. SCOPE

This policy applies to all District of Columbia employees and all agencies and persons that provide services or supports to individuals with developmental disabilities through funding, contract, or provider agreement with the Department of Human Services, Mental Retardation Developmental Disabilities Administration or the Department of Health. All paid staff, subcontractors and consultants of such agencies, and volunteers or other persons recruited to provide services and supports on behalf of the persons with mental retardation and other developmental disabilities, are subject to the requirements of this policy. It shall also pertain to all agencies whose license specifies compliance with the DHS/MRDDA Incident Management System, the paid staff of such agencies, and volunteers or other persons recruited to provide services and supports on behalf of persons with developmental disabilities.

III. AUTHORITY

The authority of this policy is established in D.C. Code §7-1301 et. seq.; Evans v. the District of Columbia, June 14, 1978; and Evans v. Williams, 35 F. Supp. 2d 88, 97 [D.D.C, February 10, 1999].

IV. DEFINITIONS

The following terms have the meanings indicated:

- A. Customer:** A person with developmental disabilities who receives services from DHS/MRDDA.
- B. Investigation:** An inquiry into facts and circumstances of an incident to determine whether it is more likely or not that the incident occurred. The level or depth of the inquiry shall be dependent on the type of incident and the detail of information needed to reach the conclusion that the incident did or did not occur.
- C. Provider Agency:** A private entity that provides services or supports to customers of DHS/MRDDA.
- D. Customer Incident:** An event that results in harm or risk of harm to a customer. Incidents are classified in one of the following two categories, which reflect a 2-level approach to reporting and investigating such incidents:
- 1. Reportable Incident:** A significant event or situation involving a customer that shall be reported to designated authorities within a provider agency for review and internal investigation. All customer incidents described in this policy are Reportable Incidents.
 - 2. Serious Reportable Incident:** A reportable incident which, due to its significance or severity, requires immediate notification to, and possible investigation by, external authorities, in addition to internal review and investigation by the provider agency.

Note: Customer incidents are generally defined and categorized as follows; however, the characterization of a Reportable Incident may be changed to a Serious Reportable Incident, depending on the circumstances of the event.

3. Examples of Incidents:

- a. * Death;
- b. * Allegation of Abuse (physical/sexual/verbal/psychological abuse; self abuse; mistreatment; exploitation; or neglect);
- c. * Serious Physical Injury;
- d. * Serious Medication Error;
- e. * Improper Use of Restraints;
- f. * Theft of Personal Property or Funds of Customer;
- g. * Emergency Inpatient Hospitalization;
- h. * Suicide Attempt or Threat;
- i. * Missing Person (if vulnerable or a danger to themselves or others);
- j. * Incident Requiring Services of Law Enforcement or Emergency Personnel;
- k. Property Damage;
- l. Medication Error;

- m. Missing Person (non vulnerable or danger to themselves or others);
- n. Hospitalization;
- o. Physical Injury;
- p. Vehicle Accident;
- q. Theft of Agency Property or Funds;
- r. Ingestion of Harmful Substance;
- s. Aspiration;
- t. Overuse of Chemical Restraints;
- u. Burns; and
- v. Other

Note: Incidents identified by "*" above are also considered Serious Reportable Incidents.

E. Death: Any death of a customer is to be treated as a Serious Reportable Incident.

All loss of life, regardless of cause.

F. Abuse: Any allegation of abuse shall be treated as a Serious Reportable Incident.

The wrongful treatment of a customer which endangers his or her physical or emotional well-being, through the action or inaction of anyone, including, but not limited to, another customer, an employee, intern, volunteer, consultant, contractor, visitor, family member, guardian or stranger, whether or not the affected customer is, or appears to be, injured or harmed. The failure to exercise one's duty to intercede on behalf of a customer also constitutes abuse.

Abuse shall include:

- 1. Physical Abuse;
- 2. Sexual Abuse;
- 3. Psychological / Verbal Abuse;
- 4. Mistreatment;
- 5. Exploitation; and
- 6. Self-abuse.

The types of abuse are defined as:

1. Physical Abuse (a Serious Reportable Incident):

Physical contact with, or handling of, a customer with more force than is reasonably necessary for the safety of the customer. This may include, but is not

limited to intentionally or willfully grabbing, shaking, dragging, shoving, yanking, slapping, hitting, kicking, choking, pinching, biting, strangling, punching, or otherwise wrongfully handling a customer. Suspicious or unexplained bruising or other minor injuries in areas of the body that suggest possible abuse or injury by others.

2. **Sexual Abuse** (a Serious Reportable Incident):

- a. Any sexual activity or attempted sexual activity between a customer and a provider's employee, consultant, volunteer, intern, contractor or family member regardless of the customer's consent.
- b. Any sexual activity or attempted sexual activity between a customer and another person, including another customer, where the customer does not or cannot give consent.
- c. Sexual activity includes:
 - i. Touching or fondling the genitals or other intimate parts of a customer, or causing a customer to touch himself or herself or anyone else, whether directly or through clothing, for the purpose of arousing or gratifying the sexual desire of any party;
 - ii. Taking sexually explicit photographs;
 - iii. Causing a customer to perform sexually explicit acts;
 - iv. Showing a customer pornographic materials for the purpose of arousing or gratifying the sexual desire of either party; and
 - v. Encouraging a customer to use sexually explicit language which he or she may not fully understand.

Note: The use of sexually explicit materials in conjunction with providing sexuality training or counseling to a customer is not sexual abuse.

3. **Psychological/Verbal Abuse** (a Serious Reportable Incident):

- a. The use of verbal or nonverbal expression or other action in the presence of a customer that subjects the customer to ridicule, humiliation, contempt, scorn, harassment, threats of punishment, dehumanization, or wrongful manipulation, or is otherwise denigrating or socially stigmatizing. Actions may include, but are not limited to:

- i. Name calling (including use of pejorative or derogatory terms used to describe persons with disabilities;
- ii. Cursing at a customer;
- iii. Intimidating, condescending, or threatening gestures or behaviors toward a customer;
- iv. Verbal or nonverbal expressions that are designed to invoke fear in a customer;
- v. The use of a loud, stern, or demeaning tone of voice in the presence of, or toward a customer.

4. **Mistreatment** (a Serious Reportable Incident):

- a. Mistreatment is the use of practices which:
 - i. Are contraindicated by a customer's plan of services;
 - ii. Are used for punishment or for the convenience of staff, as a substitute for treatment or care in conflict with a physician's order, or in quantities which inhibit effective care or treatment;
 - iii. Do not follow accepted treatment practices and standards of care in the field of developmental disabilities, such as the use of aversive procedures (painful or noxious stimuli); or
 - iv. Violate a policy, law, or regulation of the District of Columbia or federal government.

5. **Exploitation** (a Serious Reportable Incident):

The illegal or improper act or process of an employee, contractor, consultant, volunteer, or intern, using the resources of a customer for their own monetary or personal benefit or gain. This may include, but is not limited to:

- a. Coercion or manipulation of a customer to spend his or her own personal funds for something the customer may not have use for; and
- b. The soliciting of gifts, funds, labor, or favors.

6. **Self Abuse**

Self inflicted injury or act towards self, for which there is no staff intervention.

G. Neglect: Any allegation of neglect shall be treated as a Serious Reportable Incident.

The failure to provide sufficient, consistent, or appropriate services, treatment, or care that harms or jeopardizes the customer's health, safety, or welfare, such as:

1. The failure to report or act on health problems of the customer or changes in his or her health condition;
2. Lack of attention to the physical needs of a customer, including personal care, hygiene, meals or appropriate nutrition, shelter, and safety;
3. Failure to carry out a plan of treatment or care prescribed by a physician or health care professional;
4. Failure to provide services or supports as indicated by the individual's plan of care; or
5. Failure to provide proper supervision to the consumer as required within a plan or by a court.

H. Serious Physical Injury: Any serious physical injury shall be treated as a Serious Reportable Incident.

Any severe harm to a customer that results in a medical emergency that requires immediate assessment and intervention by a physician, physician's assistant, dentist, nurse practitioner, or other licensed medical practitioner, such as:

1. Fracture;
2. Injury requiring sutures;
3. Injury to an eye;
4. Ingestion of a toxic substance;
5. Severe injury by a sharp or dangerous object;
6. Injury accompanied by a loss of consciousness;
7. Electric shock;
8. Loss or tearing of a body part;
9. Third degree burn; and
10. Any other severe injury.

Note: If an injury is suspected to have been caused by abuse, neglect, or mistreatment, the injury should instead be reported as a Serious Reportable Incident under the appropriate incident category of abuse.

Other Physical Injury is to be treated as a Reportable, but not a Serious Reportable Incident.

Any harm to a customer *that requires treatment or medical care greater than routine first aid, but does not result in a medical emergency*, such as:

1. Aspiration of food or other object into the lung;
2. Ingestion of a nonfood substance that may threaten the customer's health, unless it is addressed in the customer's behavior support plan;
3. First or second degree burn;
4. Dislocation;
5. Sprain;
6. Allergic reaction;
7. Concussion;
8. Bruise;
9. Human or animal bite;
10. Sunburn;
11. Abrasion;
12. Loss of fingernail/toenail due to trauma;
13. Loss of teeth due to trauma; and
14. Puncture wound.

Note: (A) Any injury, such as those listed above, that results in a medical emergency or the assistance of emergency personnel would be reported as a Serious Reportable Incident (ex., as a Serious Physical Injury, Emergency Inpatient Hospitalization, or Incident Requiring Services of Emergency Personnel).

(B) The illness of a customer, in and of itself, is not to be reported as an injury.

I. Improper Use of Restraints: Any improper use of restraints shall be treated as a Serious Reportable Incident.

Improper use or unauthorized use of restricted control procedures, as defined in the Behavior Support policies of MRDDA. This includes the emergency or unauthorized use of physical, mechanical, or chemical restraint, procedures which restrict access to personal property, which require a person to do something he or she does not want to do, or removes something the person owns or has earned.

J. Serious Medication Error: Any serious medication error shall be treated as a Serious Reportable Incident.

Any medication error that requires or could require observation or treatment by a physician, physician's assistant, or nurse practitioner in a hospital, emergency room, or

treatment center.

Other Medication Error is to be treated as a Reportable, but not a Serious Reportable, Incident.

1. Any medication error that causes or could cause a customer to experience markedly adverse side effects that may require nursing attention, but not requiring professional medical attention, such as a missed dosage of thyroid or seizure medication; and
2. Documentation error.

Examples of medication errors are:

1. Incorrect Administration
 - a. The administration of medication in an incorrect form or dosage;
 - b. An incorrect method of administration, or one which has not been prescribed or ordered;
 - c. The administration of a medication to the wrong individual;
 - d. The failure to administer a prescribed medication for one or more dosage periods;
 - e. Medication administered by unauthorized and/or improperly trained staff; and
 - f. Medication administered at the wrong time (early or late).
2. Documentation Error

Error in recording the administration of medication or failure to follow agency procedures for medication administration.

3. Physician or Pharmacy Error

K. Emergency Inpatient Hospitalization: Any emergency inpatient hospitalization shall be treated as a Serious Reportable Incident.

Any illness or medical condition that results in emergency *inpatient* hospitalization of a customer for unplanned medical procedures, including but not limited to: surgery, medical observation, or testing.

Other Hospitalization is to be treated as a Reportable, but not a Serious Reportable, Incident.

Unplanned hospitalization or emergency room visit for treatment of a chronic physical or mental illness or condition (ex., an illness or medical condition that results in an emergency room visit, but does not require inpatient hospitalization).

Note: If a customer is taken to a hospital emergency room by emergency personnel, the incident should be reported as a Serious Reportable Incident (Incident Requiring the Services of Emergency Personnel).

L. Suicide Attempt or Threat: Any suicide attempt or threat by a customer shall be treated as a Serious Reportable Incident.

1. A suicide attempt is a customer's attempt to kill himself or herself.
2. A suicide threat is a customer's verbal, nonverbal, or written threat to kill himself or herself, unless such threats are addressed in the customer's behavior support plan.

Suicide Threat Addressed in a Behavior Support Plan is to be treated as a Reportable, but not a Serious Reportable, Incident.

M. Missing Person Whose Absence Is a Danger to Self or Others: Any missing person whose absence constitutes an immediate danger to that person or others shall be reported as a Serious Reportable Incident.

1. The unexpected or unauthorized absence of any duration for a customer whose absence constitutes an immediate danger to that individual or others.
2. For a person with the capacity to be without supervision for an amount of time as documented in the person's ISP, the unexpected or unauthorized absence of the customer for an amount of time that exceeds the time specified in the ISP.

Other Missing Person is to be treated as a Reportable, but not a Serious Reportable, Incident.

N. Theft of A Customer's Personal Property or Funds: Any theft or destruction of a customer's personal property or funds shall be treated as a Serious Reportable Incident.

Any intentional or unintentional theft, taking, or destruction of a customer's property or funds, whether it is suspected or confirmed by anyone other than the customer, without permission or legal authority.

Theft By a Customer of A Customer's Personal Property or Funds shall be treated as a **Reportable, but not a Serious Reportable, Incident** if that behavior is addressed in the offending customer's behavior support plan.

Theft, taking, or destruction of personal property may include, but is not limited to:

1. Loss of funds;
2. Unauthorized withdrawal or use of funds;
3. Use of a customer's funds for activities not related to the customer;
4. Borrowing of a customer's funds or property without permission; and
5. Destruction or taking of personal property.

Note: The inclusion of property theft or destruction in a behavior support plan does not preclude the requirement for restitution for any stolen or destroyed property of a customer.

- O. Incident Requiring the Services of a Law Enforcement Agency or Emergency Personnel:** Any incident requiring the services of a law enforcement agency or emergency personnel shall be treated as a **Serious Reportable Incident**.

Any assistance or intervention by paramedics, law enforcement, or firefighting personnel.

- P. Property Damage is a Reportable Incident.**

Any damage to agency property exceeding \$50.00 in cost, regardless of who may have caused it, which may include, but not be limited to:

1. Broken windows;
2. Broken furniture; and
3. Damage to automobiles (not caused by vehicle accidents).

This also includes property damage in the community caused by customers or employees of contract providers (while on duty).

- Q. Vehicular Accident is a Reportable Incident.**

Any vehicular accident involving a customer, regardless of severity.

- R. Theft of Provider's Property or Funds is a Reportable Incident.**

Any intentional or unintentional misuse of a provider's property or funds, without permission or legal authority.

V. POLICY

It is the policy of the Department of Human Services, Mental Retardation and Developmental Disabilities Administration (DHS/MRDDA), that any serious incident which has harmed or may potentially harm a customer's health, safety, or well-being shall be immediately identified, reported, reviewed, investigated, and corrected, as specified by the procedures herein.

Furthermore, DHS/MRDDA and every provider agency under the scope of this policy shall each implement and maintain an Incident Management System that is designed to classify and use incident data in a timely manner and employ preventive and corrective measures to protect people from harm. If any requirements contained in this policy conflict with more stringent Federal, state, or District laws, regulations or guidelines (i.e. reporting protocols, investigation timetables, privacy/sharing of information), the Federal, state or District law, regulation or guideline must take precedence. It is the provider's responsibility to inform MRDDA if such conflicts occur.

Each Incident Management System shall include procedures for intake, emergency notifications, incident classification, review, investigation, and quality improvement that are devised to ensure the management of customer incidents through:

- A. Prompt reporting of all observations or allegations of incidents involving consumers;
- B. Prompt staff intervention;
- C. Prompt medical treatment or contact with community support personnel;
- D. Timely and accurate notification of appropriate staff, families or guardians, public officials and representatives from other agencies;
- E. Investigation and documentation of incidents;
- F. Personnel actions when warranted;
- G. Evaluation and corrective action to prevent the recurrence of similar incidents;
- H. Data collection and trend analysis as a means to develop appropriate treatment and service plans for consumers to prevent more serious incidents from occurring; and
- I. Pre/in service competency-based staff training in the prevention, detection, reporting, investigation, and follow-through of customer incidents.

The Incident Management System will address, at a minimum, all customer incidents listed and defined by this policy. However, any reporting party may report any incident, regardless of its inclusion in this policy, as a Serious Reportable Incident.

Any person subject to the scope of this policy who fails to report an incident as required, gives false, misleading, or incomplete information, or otherwise does not participate in the incident management process as outlined in this policy shall be subject to disciplinary measures which may include termination of employment and, where appropriate, civil action or criminal prosecution.

Any person subject to the scope of this policy who reports an incident in good faith shall not be subject to retaliatory action by DHS/MRDDA, a service provider, or by any employee or other person affiliated with those organizations. Any person who is guilty of retaliation against another person for his or her involvement as a reporter or witness, or for actions in any other capacity as part of the incident management process, will be subject to disciplinary action which may include termination of employment and, when appropriate, civil action or criminal prosecution.

Any person subject to the scope of this policy who is found to have committed abuse, neglect, mistreatment, or exploitation shall be subject to disciplinary measures which may include termination of employment and, where appropriate, civil action or criminal prosecution.

Any service provider who does not comply with this policy shall be subject to a variety of actions, including mandatory training or technical assistance, applicable fines, or revocation of the contract or provider agreement to provide services to persons with developmental disabilities. The extent of actions taken by DHS/MRDDA shall be predicated on the severity of harm that has been caused to a customer, the potential for harm that such an incident caused, or the provider agency's history of incident management.

VI. INCIDENT REPORTING

A. Verbal Reporting

Any person (i.e. employee, subcontractor, consultant, volunteer, or intern of a provider agency or governmental agency) who witnesses, discovers or is informed of a Serious Reportable Incident, as defined by this policy, must immediately verbally report the incident as follows:

1. Deaths

In the case of a customer's death, persons shall immediately call:

- a. 911 (if the death occurred in the home or anywhere except a hospital setting);
- b. The Metropolitan Police Department (MPD) (if the death occurred in a hospital) at 202-727-1010;
- c. The Office of the Chief Medical Examiner at 202-698-9000;
- d. The Department of Health/Health Regulations Administration (for ICF/MRs and District licensed group home facilities and services) at 202 442-4726;
- e. The immediate supervisor or manager on duty;
- f. Answers Please at INFO 211 (202-463-6211);
- g. The customer's residential provider (if the death occurred at a place other than the residential facility);
- h. The customer's parent or guardian, unless otherwise documented; and
- i. The customer's case manager.

2. All Other Serious Reportable Incidents

Upon the occurrence of a Serious Reportable Incident, other than a death, staff shall immediately call:

- a. Emergency personnel, as needed, via 911;
- b. The Metropolitan Police Department (MPD) (if the incident involved criminal misconduct) at 202-727-1010;
- c. The immediate supervisor or manager on duty;
- d. Answers Please at INFO 211 (202-463-6211);
- e. The Department of Health/Health Regulations Administration (for ICF/MRs and District licensed group home facilities and services) at 202 442-4726;
- f. Adult Protective Services (for alleged abuse of customers over 18 years);
- g. Child Protective Services (for alleged abuse of customers under 18 years or of children by customers);
- h. The customer's residential provider (if the serious reportable incident occurred at a place other than the residential facility):
 - i. The customer's parent or guardian, unless otherwise documented; and
 - j. The customer's case manager.

Note: Each provider that offers 24-hours services shall establish internal procedures to accept reports of Serious Reportable Incidents, on a 24-hour, 7 days a week basis.

3. Contents of Verbal Report

A verbal report shall include:

- a. The name of the person involved in the incident;
- b. The date and time of the incident's occurrence or discovery;
- c. A description of the incident (including any injury); and
- d. A description of the immediate actions taken to protect the customers involved from further harm.

4. Emergency Reporting Procedures (ANSWERS PLEASE/MRDDA Duty Officer)

Upon receipt of a verbal report of a customer death or allegation of abuse (physical, sexual, verbal, psychological, self abuse, mistreatment, exploitation or neglect), DHS ANSWERS PLEASE shall immediately notify the MRDDA Duty Officer of the incident. The MRDDA Duty Officer shall immediately contact the initial reporting party to provide any assistance necessary, to include ensuring that all required notifications are completed (i.e. Metropolitan Police Department, Office of the Chief Medical Examiner).

Additionally, for other serious reportable incidents, ANSWERS PLEASE may contact the MRDDA Duty Officer, as needed, for assistance.

5. Reportable Incidents Not Required To Be Verbally Reported

Reportable incidents that are not defined as serious are not required to be verbally reported outside the provider agency. Providers may verbally notify the customer's MRDDA case manager of any incidents they deem appropriate. Verbal reporting shall not be used as a substitute for written reports.

B. Written Reporting

1. Serious Reportable Incidents

Incident Report Forms shall be completed on all Serious Reportable Incidents and forwarded by facsimile or electronic transmission to the following within 24 hours:

- a. The DHS/MRDDA Incident Management Unit;
- b. The Office of the Inspector General;
- c. The Department of Health/Health Regulations Administration (DOH/HRA) (for ICF/MRs and District licensed group home facilities and services); and
- d. The Department of Health/Medical Assistance Administration (DOH/MAA)(for customers receiving Medicaid funded services).

Note: Providers shall not fax completed copies of Incident Report Forms to Answers Please or the MRDDA case manager.

<u>Fax Numbers:</u>	MRDDA Incident Management Unit	202 673-2374
	DOH/Health Regulations Admin	202 442-9430
	DOH/Medical Assistance Admin	202 442-4790/99
	Office of the Inspector General	202 727-5937
	(c/o MFC Unit)	

2. Reportable Incidents

Incident report forms must be completed for all reportable incidents on the Incident Report Form. These incident reports (to include all internal investigative documents) are to be maintained at the provider agency and be used to prepare the monthly trending and tracking report referenced in Section VIII(B)(1)(e). Incident Reports for non reportable incidents shall be made available to all surveyors upon request.

C. Initial Agency Fatality Review

Within 24 hours of the death of a customer, the residential provider (residential site, hospital, nursing home, natural home) shall forward all of the customer's in-house records to the MRDDA Incident Management Unit (programmatic and medical). Additionally, the residential provider shall forward by facsimile or electronic transmission a completed Initial Agency Fatality Review Form to:

1. The DHS/MRDDA Incident Management Unit (fax number: 202-673-2374).

Note: For those customers who expire in a hospital, nursing home or natural home, the MRDDA case manager shall assist in and/or facilitate the completion of the Initial Fatality Review Form. Upon receipt of a completed Initial Agency Fatality Review Form, the MRDDA Incident Management Unit shall determine whether any further information is needed from the provider and then immediately forward the completed report by facsimile or electronic transmission to the Fatality Review Committee.

VII. INVESTIGATIONS OF SERIOUS REPORTABLE INCIDENTS**A. Investigations by Provider Agencies****1. Conduct of Investigations**

- a. All Serious Reportable Incidents shall be investigated by the provider agency in which the incident occurred, beginning within 12 hours after the incident was witnessed or discovered. Reportable incidents shall be investigated as required by internal agency policy, as determined by the provider agency's Incident Management Coordinator or in accordance with District and/or Federal regulatory requirements.

Note: If the location of the incident is unknown, the residential provider has primary responsibility for the investigation.

- b. Provider agencies will be responsible for initiating internal investigations of all Serious Reportable Incidents, as defined by this policy, unless they have been directed not to do so, officially, and in writing, from an authorized governmental entity, which may include:
 - i. DHS/MRDDA Incident Management Unit;
 - ii. DHS/OIC;
 - iii. D.C. Office of Corporation Counsel;
 - iv. Metropolitan Police Department;
 - v. Federal Bureau of Investigation (FBI);
 - vi. U.S. Attorney's Office; or

- vii. D.C. Office of the Inspector General.
- c. The DHS/Office of Investigations and Compliance will instruct the provider to not initiate an investigation and will investigate all Serious Reportable Incidents when:
 - i. The allegation of harm involves the Executive Director of the agency, or there are other circumstances of possible or apparent conflict of interest;
 - ii. DHS/OIC has sufficient cause to believe that the provider agency's investigation capacity is inadequate to perform the task; or
 - iii. DHS/OIC deems it prudent to do so, in accordance with DHS/OIC investigation protocols.
- d. Investigations shall be conducted only by employees of provider agencies who have completed competency-based investigative training conducted or approved by DHS/MRDDA. Providers shall designate sufficient numbers of employees to receive training. Assignments shall be made from a list of trained investigators on a rotating basis, unless circumstances indicate that a particular employee should not be selected in order to maintain the integrity of the investigative process.
- e. Upon assignment, the investigator shall be given full authority for the investigative process. Prior to the investigation, the investigator may find it necessary to direct other agency personnel to take immediate actions to preserve evidence that is crucial to the investigatory process until he or she can be physically present at the site. The provider agency shall ensure that all employees will comply with directions given by the assigned investigator. Further, the investigator is to receive the full cooperation of the agency's program managers and employees in regard to:
 - i. Availability of staff and, to the extent possible, any other potential witnesses or knowledgeable persons;
 - ii. Program documentation;
 - iii. Access to locations; and
 - iv. Other needs the investigator determines to be important to the investigation.
- f. Provider agencies are required to ensure that employees, consultants, subcontractors, interns, and volunteers are advised of their obligation to participate in any investigation that is being conducted by the provider agency, DHS/OIC, or any other authorized government agency. This process may include being interviewed, preparing a written statement for an authorized investigator (perhaps on more than one occasion), and providing access to records relevant to the investigation.
- g. Each provider agency shall ensure that the investigative process reflects procedures for the following:

- i. Identification, collection, and preservation of the evidence (testimonial, documentary, demonstrative, and physical evidence);
 - ii. Assessment of the evidence;
 - iii. Determination of findings, conclusions, and recommendations; and
 - iv. Quality assurance follow-up to ensure recommendations have been implemented.
- h. Employees who are alleged to have committed any form of abuse or neglect will be immediately placed on leave or reassigned to a position that does not allow any contact with customers, until the results of the investigation are complete. Requests for exceptions to this requirement must be approved in writing by the MRDDA Incident Management Unit or DHS/OIC.

Note: Before an employee may be reinstated following an investigation, a provider shall receive written approval from DHS/OIC.

- i. All injuries alleged or suspected of being the result of any form of abuse shall require examination by a physician, nurse practitioner, physician assistant, or other licensed medical professional qualified to make a medical assessment of the injury.
- j. Provider investigators are encouraged to consult as needed with their Incident Management Coordinator or with DHS/OIC regarding any matter relating to an investigation.
- k. Provider investigators shall collect the following types of evidence, if relevant:
 - i. Testimonial evidence, by interviewing, one person at a time:
 - A) Any victims of the incident;
 - B) Any witnesses with relevant information regarding the incident, including customers, staff, or other persons; and
 - C) The determined target of the investigation;
 - ii. Documentary evidence, where relevant, such as:
 - A) Progress notes maintained for the customer;
 - B) Past and present ISPs and IHPs developed for the customer;
 - C) In-house program log books and staff communication logs;
 - D) Staffing schedules or assignment sheets;
 - E) All medical information (past/present), such as seizure activity and injury reports;
 - F) Background or historical information;
 - G) Sleep charts and records;
 - H) Medication administration records;

- I) Personal hygiene (toileting, bathing, etc.) records;
 - J) Behavior programs and supporting documentation;
 - K) Relevant incident reports;
 - L) Research material;
 - M) Business records (such as financial information, if relevant); and
 - N) Any other relevant documentary evidence that can be used to support or refute a particular aspect of the investigation;
- iii. Demonstrative evidence, such as photographs of injuries or diagrams of the incident site, properly identified; and
 - iv. Any relevant physical evidence, properly identified and secured.
1. Except as noted below, all investigations conducted by a provider agency investigator shall be completed within ten (10) work days of the incident being witnessed or discovered, unless an extension is approved, in writing, by DHS/OIC for good cause.

Note: ICF/MRs and facilities serving customers being funded by Medicaid (i.e. Home and Community Based Waiver customers) must follow these guidelines - Federal requirement 483.420(d)(2) indicates: "The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures."

483.420(d)(3) indicates: "The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further abuse while the investigation is in progress."

483.420(d)(4) indicates: "The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within **five working days** of the incident.

2. Investigation Reports

- a. A provider's investigation report shall be written in a uniform format provided by DHS/OIC, and submitted to DHS/OIC with all supporting documentation within five (5) work days of the completion of the investigation. All provider investigative reports should be reviewed and approved by the provider's Incident Management Coordinator prior to being submitted to DHS/OIC.
- b. The report will include a summary of findings and a determination as to whether or not the allegations or suspicions were substantiated, unsubstantiated, or inconclusive. It shall also include recommendations for preventive or corrective action.

- c. DHS/OIC shall review the provider's investigation report and prepare an OIC Investigation Summary Report with any additional findings or recommendations, as needed.

3. Sharing Results Of Investigations

- a. Provider agencies are responsible for sharing information about the general outcome of serious incident investigations, at a minimum, with the person identified as the victim, the person's legal guardian, the original reporter of the incident, and the person accused of wrongdoing, in accordance with item (i) of this subparagraph.
 - i. Providers shall be authorized to share with the aforementioned parties, or any other authorized person, only investigation reports that have been approved by DHS/OIC (redacted, as necessary), once authorization for release of information is obtained from the Chiefs of the DHS/MRDDA Incident Management Unit or DHS/OIC. Authorized governmental agencies may receive a copy of a provider's investigation report without prior approval by DHS/MRDDA or DHS/OIC.
 - ii. In cases where DHS/OIC has conducted an investigation:
 - A) DHS/OIC shall forward its investigation to the DHS/MRDDA Incident Management Unit who shall share the results with the Executive Director/CEO of the provider agency, or his or her designee, such as the Incident Management Coordinator.
 - B) The provider agency's Executive Director/CEO shall respond in writing to the DHS/MRDDA Incident Management Unit regarding the findings and recommendations contained in a DHS/OIC investigation report, within five (5) work days of the receipt of the DHS/OIC investigation report.
 - C) The provider agency's response to DHS/MRDDA shall include:
 - (I) Management actions taken or proposed to prevent recurrence of similar incidents; and
 - (II) A plan of action to address systemic problems or needed training.

3. Records Maintenance

- a. Each Incident Report Form and associated investigation records shall be maintained in an administrative file that is separate from the records of the customers involved.
- b. Provider agencies will be responsible for maintaining all investigation reports and other

relevant information related to serious incident investigations in a secured, organized file format for a minimum period of seven (7) years.

B. DHS/Office of Investigations and Compliance

1. General Responsibilities of DHS/OIC

It is the responsibility of the DHS/Office of Investigations and Compliance to:

- a. Review all reports of Serious Reportable Incidents and determine the appropriate investigative response to each incident in accordance with DHS/OIC protocols;
- b. Maintain a current database of all Serious Reportable Incidents reported to DHS/OIC;
- c. Assess the sufficiency of all investigations conducted by provider agencies;
- d. Provide technical assistance and consultation to provider agency investigators and Incident Management Coordinators to help them successfully complete their investigations, as needed;
- e. Assess provider agency response to incidents;
- f. Conduct investigations of Serious Reportable Incidents;
- g. Conduct investigations based on trend analysis of problematic homes or provider agencies where data suggests customers may be at risk of harm;
- h. Coordinate investigative efforts, where possible, with investigators from provider agencies and with District of Columbia, Federal, or other governmental investigative authorities to avoid unnecessary duplication of effort; and
- i. Make general or specific recommendations to the DHS/MRDDA Administrator and other DHS officials for improving the quality of incident management.

2. Investigations by DHS/OIC

Upon receiving the verbal or written report of a Serious Reportable Incident from the DHS/MRDDA Incident Management Unit, DHS/OIC shall, as necessary:

- a. Contact the designated staff person at the provider agency (or the reporter of the incident, if the incident does not involve a provider agency) to assess the need to notify, or ensure that notification has been provided to, other appropriate government entities or agencies, such as the:

- i. MPD;
 - ii. DOH/Health Regulations Administration and/or Medicaid Assistance Administration;
 - iii. DHS/Adult Protective Services; and
 - v. Office of the Chief Medical Examiner.
- b. Ascertain whether or not the provider agency acted appropriately in its immediate response to the incident, ensure that appropriate action is taken, and request supporting documentation of such actions.
- c. Gather additional information and updated reports, as needed; and
- d. Request additional measures from the provider agency, if necessary, to assist the DHS/OIC investigation.

3. DHS/OIC Investigation Reports

- a. The DHS/OIC investigation report shall include:
 - i. A copy of the provider agency's investigation report;
 - ii. A summary of all evidence gathered during the provider agency or DHS/OIC investigations;
 - iii. A narrative which details the sequence of events before, during, and after the incident in question, unless sufficiently described in the provider agency's investigation report;
 - iv. A fact-based opinion as to whether the alleged incident was substantiated, unsubstantiated or inconclusive;
 - v. Any issues or concerns which may have hindered the investigation to date or any factors which may still need to be addressed in order to better formulate a fact-based opinion for inclusion in the investigation report; and
 - vi. Any plans for corrective action submitted by the provider agency.
- b. DHS/OIC will forward its investigation report to the DHS/MRDDA Incident Management Unit within 30 days of receipt of the provider's investigative report or completion of its own investigation, unless an extension is approved, in writing, by DHS/MRDDA.

C. DHS/MRDDA Incident Management Unit

1. General Responsibilities of DHS/Incident Management Unit

DHS/MRDDA shall establish an Incident Management Unit to ensure that the standards established by this policy are administered and monitored. This unit shall be headed by a Chief whose responsibilities shall be to:

- i. Develop and maintain the DHS/MRDDA Incident Management System, in conjunction with the DHS/MRDDA Quality Assurance Office;
- ii. Develop procedures for assuring timely reporting, triage, investigation/follow-up and tracking and trending protocols;
- iii. Facilitate the scheduling of competency-based investigation training courses to ensure that provider agencies have sufficient personnel to conduct investigations.

2. Follow-Up By The DHS/MRDDA Incident Management Unit

- a. Within five (5) work days of the receipt of the investigation report from DHS/OIC, the DHS/MRDDA Incident Management Specialist, in conjunction with the provider agency, shall submit a plan of correction to the Chief of the Incident Management Unit. If necessary, the Chief may facilitate a conference (either by telephone or meeting) of all parties she or he deems necessary to:
 - i. Reconcile all investigations of the incident;
 - ii. Determine if technical assistance is required; and
 - iii. Determine what types of follow-up monitoring needs to occur, by whom, and at what frequency.
- b. The assigned case manager and the DHS/MRDDA Incident Management Unit Specialist shall be jointly responsible for ensuring that accepted recommendations are implemented and monitored.
- c. All investigation reports are confidential documents which should be shared only with authorized persons.
 - i. DHS/MRDDA shall distribute copies of investigation reports to the following:
 - A) Provider agency's Executive Director or Chief Executive Officer;
 - B) Court Monitor (for Evans Class members);
 - C) District of Columbia Office of the Inspector General;
 - D) Quality Trust; and

- E) Office of the Chief Medical Examiner/ Fatality Review Committee (for deaths);
- ii. DHS/MRDDA shall, if requested, distribute copies of investigation reports to the following:
 - A) DOH/Health Regulations and Medical Assistance Administrations (as appropriate);
 - B) Chair, DHS/MRDDA Human Rights Committee; and
 - C) MPD.
- d. Requests for copies of an investigation report by other persons must be made in writing to the Chief of the DHS/MRDDA Incident Management Unit. The Chief shall review the request with the DHS/MRDDA Administrator and obtain guidance from the DHS/Office of General Counsel DHS legal counsel for compliance with local, state, and federal regulations and the General Code of the District of Columbia.

3. Follow-Up By the DHS/MRDDA Quality Assurance Office

The Chief of the DHS/MRDDA Quality Assurance Office shall conduct, on a monthly basis, a systematic review of data that is collected as a result of the investigative process. The purpose of this review shall be to evaluate and investigate trends of customer incidents that appear problematic. The results of the evaluation/investigation will be development and implementation of corrective action plans to address such trends and underlying problems.

4. Involvement By Other Governmental Entities

The review and investigation of all Serious Reportable Incidents defined by this policy will require a coordination of activities by each District government agency which is statutorily responsible for the protection/prevention of harm to DHS/MRDDA customers. As such, in preparation of an investigation of a Serious Reportable Incident, the DHS/MRDDA Incident Management Unit shall immediately elicit the involvement and assistance of the following District government agencies. DHS/MRDDA shall provide all information necessary to facilitate this involvement and assistance.

a. Answers Please

Answers Please serves as the primary intake office for verbal reporting of Serious Reportable Incidents.

b. MPD

MPD shall serve as the primary investigative agency in the event of a customer's death or other Serious Reportable Incident where there is suspicion or evidence of criminal wrongdoing or misconduct.



c. Office of the Medical Examiner/Fatality Review Committee

Any death of a customer shall be immediately reviewed by the Chief Medical Examiner of the District of Columbia and the Fatality Review Committee, in conjunction with MPD.

d. DHS/Adult Protective Services

DHS/APS shall be the lead investigative authority in the event of an allegation of any form of abuse of an adult if the customer is not a client of the DHS/MRDDA network of provider agencies or if the customer resides in his or her natural home. If the customer lives in a provider agency or foster care residence, DHS/OIC will assume primary responsibility for the investigation. However, each agency is expected to rely on the assistance and support of the other with regard to the investigation process.

e. DOH/Health Regulation and Medical Assistance Administrations

The findings of all investigations of a Serious Reportable Incident shall be reviewed by the DOH/HRA and/or MAA, followed by further investigation, as needed. DOH/HRA shall also be responsible for the review/investigation of all possible violations of federal requirements and facility license violations.

f. Office of the Inspector General

The findings of all investigations of a Serious Reportable Incident shall be reviewed by the DC Office of the Inspector General, followed by further investigation, as needed.

VIII. Provider Agencies' Incident Management Systems

A. Policy Issuances

1. Each provider agency's Incident Management System shall include policy issuances that:
 - a. Prohibit any employee, visitor, family member/guardian, subcontractor, intern, or volunteer from abusing, exploiting, neglecting, or mistreating a customer under the care or supervision of the provider agency;
 - b. Direct disciplinary action, which may include termination of an employment or professional agreement, against any person for failure to report knowledge of a customer incident, as specified by this policy; and
 - c. Prohibit retaliatory action against any person who reports a customer incident.

B. Incident Management Coordinators

1. Each provider agency shall assign an employee to serve as the agency's Incident Management Coordinator, who has received specialized training and whose role and responsibilities shall be to:
 - a. Facilitate the review and investigation of all reported incidents, as specified by this policy;
 - b. Provide technical assistance to staff members in the completion of the Incident Report Form;
 - c. Coordinate pre/in service competency-based training on the DHS/MRDDA and provider agency's Incident Management Systems;
 - d. Serve as a member of the provider agency's standing committee; and
 - e. Prepare monthly trend reports and analyses of incident data for submittal to the provider agency's standing committee (as described in subsection C of this section). Such reports should be in a format provided by the DHS/MRDDA Incident Management Unit and describe, at a minimum:
 - i. Total number of incidents;
 - ii. Types of incidents;
 - iii. Total number by type of each incident;
 - iv. Types of incidents by total number of injuries;
 - v. Severity of injuries;
 - vi. Locations where injuries and other incidents occurred;
 - vii. Work shifts, if applicable, on which injuries and other incidents occur;
 - viii. An aggregate of all reportable incidents; and
 - ix. Other trends as deemed appropriate.
 - f. Forward the above referenced monthly trend reports and analyses of incident data for the previous month to the DHS/MRDDA Incident Management Unit by the 10th day of the following month. Copies of trend reports and analyses of incident data, as well as copies of provider's investigative reports of "reportable incidents" shall be maintained on file in a secured manner for a period of at least three (3) years and made available to surveyors upon request.

C. Standing Committees

1. As part of the Incident Management System, each provider shall establish a standing committee to routinely review and assess all reportable/serious incidents and develop corrective action designed to protect/prevent customers from harm. As such, the following guidelines must be applied:
 - a. Meetings must be held, minimally, on a monthly basis or more frequently as needed. Minutes shall be recorded to document each meeting. To ensure that effective actions can be implemented to reduce or prevent harm to customers, attendance at meetings shall be mandatory and representative of:
 - i. Agency management personnel;
 - ii. Direct service staff;
 - iii. Customer advocates or representatives;
 - iv. The provider's Incident Management Coordinator; and
 - v. Any invited guests.
 - b. At least monthly, the committee will meet to review the Incident Management Coordinator's monthly trend analysis of customer incidents.
 - c. Based on the data compiled at monthly meetings, the committee shall:
 - i. Identify ways in which employees and other involved persons can reduce the number of incidents;
 - ii. Monitor the implementation of all plans, consistent with its responsibilities for prevention and correction;
 - iii. Document conclusions, recommendations, and actions resulting from the monthly meeting;
 - iv. Prepare recommendations for policies, procedures, and competency-based staff training, to provider agency management officials, to improve quality of care, and assure the health and safety of people with developmental disabilities; and
 - v. Identify various program strategies to prevent incidents from occurring or reoccurring.
 - d. Conduct reviews, at least monthly, of high risk individuals who had:
 - i. Three or more reportable incidents during the preceding month; or

- ii. One or more serious incidents in the preceding month, or two or more serious incidents in the past year.
- e. The committee shall be responsible for submitting to the DHS/MRDDA Incident Management Unit semi-annual reports relating to any actions taken. The DHS/MRDDA Incident Management Unit shall be responsible for ensuring that each provider's standing committee meets the requirement of this section.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DHS/MRDDA INCIDENT REPORT FORM**

MRDDA REPORT NUMBER _____

DATE OF INCIDENT _____

I PRIMARY CONSUMER IDENTIFYING INFORMATION

Name of Primary Person(s) Involved in Incident : _____

Social Security Number: _____ Date of Birth: _____

Consumer's Residential Address _____

Provider Name (Residential) _____ Phone: _____

Evans Class Member _____ Yes _____ No _____ Waiver _____ Yes _____ No _____

LOCATION OF INCIDENT

Address of Incident (if different from above) _____

Provider Name: _____ Phone: _____

OTHER CONSUMERS INVOLVED: Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____

STAFF INVOLVED: Name: _____ Title: _____
 Name: _____ Title: _____

Name of Person Reporting the incident: _____ Title: _____
 Phone: _____
 Fax: _____

Section 1 Incident Categorization (Circle all that apply)

**SERIOUS REPORTABLE
(report to be submitted
within 24 hours)**

1. Death
2. Allegation of Abuse
3. Serious Physical Injury
4. Serious Medication Error
5. Improper Use of Restraints
6. Theft of Personal Property or Funds of Customers
7. Emergency Inpatient Hospitalization
8. Suicide Attempt or Threat
9. Missing Person (vulnerable/threat)
10. Incident Requiring Law Enforcement or Emergency Personnel

***Alleged Abuse/Neglect
Categories***

- a. Physical
- b. Sexual
- c. Verbal
- d. Psychological
- e. Self abuse
- f. Mistreatment
- g. Exploitation
- h. Neglect

For abuse and neglect allegations, staff must be removed from all customer contact immediately. Please indicate below that this action has been taken.

Name of Supervisor certifying that action has been taken (print): _____
 Title: _____
 Signature: _____

**REPORTABLE
(report written and
maintained in-house for
internal investigation and
trending/tracking report)**

1. Property Damage
2. Medication Error
3. Missing Person (non-vulnerable or non threatening)
4. Hospitalization
5. Physical Injury
6. Vehicle Accident
7. Theft of Agency Property or Funds
8. Ingestion of Harmful Substance
9. Aspiration
10. Overuse of Chemical Restraints
11. Burns
12. Other

PRIMARY LOCATION

1. Residential Facility Circle (ICF) (CRF)
2. Day Treatment Program
3. Community Outing
4. Transportation Vehicle
5. Natural Home
6. Hospital
7. Nursing Home
8. Other

ODA REPORT NUMBER _____

CUSTOMER NAME _____

Date of the Incident: _____ Time: _____ AM ☐ PM ☐ Informed ☐ Witnessed ☐ Discovered ☐
Reporter Code: ☐ 1. Employee ☐ 2. Consumer ☐ 3. Family ☐ 4. Visitor ☐ 5. Other (Name) _____

Witness' Name: _____

Witness' Telephone Number _____

Witness' Name: _____

Witness' Telephone Number _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. On the left edge, there is a small, light-colored circular object, possibly a binder ring or a punch hole reinforcement. The paper appears to be part of a notebook or a set of loose-leaf papers.

☐ Investigation Initiated By Whom _____ Investigator _____

Signature of Reporter _____ Date: _____ Time: _____ AM ☐ PM ☐

PERSON NOTIFIED

DATE _____

TIME

- ☐ Mental Retardation and Dev. Disabilities Admin.
☐ ANSWERS PLEASE at 202 463-6211
☐ Department of Health / Health Regulations Administration
☐ Supervisor/House Manager/QMRP
☐ Chief Medical Examiner (**ALL DEATHS**) at (202) 698-9000
☐ Family/Guardian
☐ Nurse/Physician
☐ Court Monitor
☐ Legal Representative/Attorney
☐ Police Department/ MPD Report Number:

[illegible]
